Auckland Women's Centre

Hot Topic
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National Strategy required for contraception

Funding is up but access is inconsistent across NZ

The government recently announced a $6 million initiative to make contraception, including Long-Acting Reversible Contraception (LARCs), cheaper for low-income women - but contraception advocates say that New Zealand's high rates of unwanted pregnancy aren't being reduced quickly enough, in part because the government isn't providing enough strategic leadership.

In early April, Associate Health Minister Julie Anne Genter announced an initiative already underway to give some women, including those who have a Community Service Card and those living in low-income areas, better access to free or very low-cost contraception.

Dr Orna McGinn

However, Dr Orna McGinn, Clinical Director of Primary Care Women's Health at Auckland District Health Board (DHB) fears that the initiative will suffer from a lack of coordination and consistency across the country's 20 DHBs. "This initiative has been in the pipeline for many months and is being introduced in a slightly unsatisfactory way," she told *AWC Quarterly*. "DHBs have had no guidance as to what to do with the money."

A letter to the Prime Minister about contraception access from the Royal NZ College of General Practitioners and the Royal Australian and NZ College of

Obstetricians and Gynaecologists last September contained a number of recommendations developed by Dr McGinn and Professor Lesley McCowan (University of Auckland head of Obstetrics and Gynaecology). While Ms Genter's announcement mentions funding for two of those recommendations - namely best-practice guidelines and training of primary care workers – no advice regarding either of these recommendations has been given to the DHBs. "Each DHB is just deciding amongst themselves what [the use of the money] should look like," says Dr McGinn.

Prof Lesley McCowan

In addition, currently individual primary healthcare organisations (PHOs) can each decide how to configure their DHB sub-contracts: for example, some PHOs offer free contraception to women under 22, while others might offer contraception to low-income women at reduced or no cost. There is no plan to standardise these variations.

Dr McGinn and others strongly recommend the development of a national contraception strategy, and are offering to act as an expert advisory group to assist.

New Zealand's highest rate of abortions is for women aged 25 to 35, and the Growing Up in New Zealand longitudinal study indicates that 52% of all pregnancies in this country are unplanned.

Dr McGinn said that targeting low-cost contraception towards low-income women was obviously motivated in this case by the desire to reduce barriers for women with relatively little access to contraception. But she agreed that concerns that the reproduction of low-income women is seen as "less valuable" are often valid. ■

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